



Community Development Department
5047 Union Street ~Union City, GA 30291
Phone (770) 515-7950 * Fax (770) 306-6861
development@unioncityga.org

Demolition Permit Application

Instructions: Please complete the following form and submit all the required items. This application will not be processed if the application is incomplete.

Upload your completed form to:

https://unioncityga.portal.iworq.net/portalthome/unioncityga
Please make your payment online when submitting your application
https://unioncityga.governmentwindow.com/payer_login.html

Date: Permit#:

Parcel ID#: Date Permit Issued:

Property Owner:

Location Address:

Subdivision: Lot#: Zoning:

General Contractor:

Address: Street City ZIP

Phone#: Cell#: Email:

Estimated Cost of Demolition: \$

Detail of Work:

Check that the following items are provided:

- Georgia Project Notification Form for Asbestos Renovation, Encapsulation or Demolition
Certification that structure is rodent free

Permit Fee: \$

APPLICATION IS HEREBY MADE ACCORDING TO THE LAWS AND ORDINANCES OF THE CITY OF UNION CITY. FOR A PERMIT TO DEMOLISH A STRUCTURE AS DESCRIBED HEREIN AND IF SAME IS GRANTED, AGREE TO CONFORM TO ALL LAWS AND ORDINANCES REGULATING SAME. PERMITS EXPIRE ONE YEAR FROM ISSUANCE.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. THE GRANTING OF A DEMOLITION PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF RELATED REQUIREMENTS.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 3 MONTHS AT ANY TIME AFTER WORK IS STARTED. CONTRACTOR/ OWNER SIGNATURE: DATE: